

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41401

State File No.

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|--|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>385</u> | | PRIMARY REG. DIST. NO. <u>3837</u> | | Registrar's No. <u>404</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> <u>0580</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> | | c. LENGTH OF STAY (in this place) <u>62yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> <u>0</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | d. STREET ADDRESS (If rural, give location) <u>417 N. Kansas</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Homer</u> | | a. (First) | | b. (Middle) <u>Harry</u> | | c. (Last) <u>Tietge</u> | |
| 4. DATE OF DEATH <u>Dec. 4, 1950</u> | | (Month) | | (Day) | | (Year) | |
| 5. SEX <u>Male</u> <u>♂</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Aug. 10, 1884</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | 10. MONTHS <u>3</u> | | 11. DAYS <u>24</u> | | 12. IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer, Santa Fe</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | | 11. BIRTHPLACE (State or foreign country) <u>Wellsville, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Frank H. Tietge</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jennie S. Peery</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ola Tietge</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ola Tietge, Marceline, Missouri</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute left heart failure</u> ANTECEDENT CAUSES <u>coronary sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>1 yr.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec 4</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on <u>Dec 4</u> , 19 <u>50</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Philip L. Ottman, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Marceline, Mo.</u> | | 23c. DATE SIGNED <u>Dec 5, 1950</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-6-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec 5-1950</u> | | REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jas McLaughlin</u> | | ADDRESS <u>Marceline, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 23 1951

JAN 22 1951

FEB 21 1951

FEB 27 1951

DEC 28 1950

Date Received: DEC 16
DISTRICT HEALTH OFFICE
District File Number 12-50
Date Filed: DEC 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 4513

P. O. Address: *Marietta Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.